STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42584 Based on interview and document review, the facility failed to ensure 2 of 2 residents (R147, R198) reviewed for Physician Orders for Life Sustaining Treatment (POLST) had the correct code status (i.e. full code, do not resuscitate-DNR) information outlined within the medical record. This could cause R147 and R198 to receive resuscitation efforts (i.e. cardiopulmonary resuscitation-CPR) against their wishes. Findings include: R198 R198's 5-day Minimum Data Set (MDS) dated [DATE], indicated R198 was cognitively intact. R198's diagnoses included osteoarthritis of right shoulder, congestive heart failure, chronic kidney disease, and hypertension. R198's face sheet printed [DATE] at 7:50 p.m., indicated R198's advance directive listed full code. R198's admission assessment dated [DATE], indicated, Code Status ON HOSPITAL ORDERS: Full Code/CPR .Code Status ON ADMISSION POLST: DNR/DNI .Does the code status on the hospital orders MATCH the code status on the admission POLST orders?: No. The admission assessment indicated in bold, red print, Code status on hospital order DOES NOT match admission POLST orders!!! Nurse must call provider immediately and get a verbal order confirmation of code status. R198's care plan printed [DATE], indicated, POLST: Resident has completed a POLST: Full code .Resident wishes will be followed and respected .See Orders for current Resuscitation order. R198's physician orders dated [DATE], indicated, Full Code .Active. R198's POLST signed by R198 [DATE], indicated, Do Not Attempt Resuscitation/DNR [Allow Natural Death] . Comfort Focused Treatment. During interview on [DATE] at 6:45 p.m., R198 stated would not want CPR, no pounding on my chest if found unresponsive and without a heartbeat. R198 stated would not want any tubes or other artificial means to be kept alive. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on [DATE] at 6:59 p.m., registered nurse (RN)-A stated the POLST could be found in the hard chart and code status could also be seen in the electronic medical record (EMR). RN-A stated the EMR should match the POLST. During interview on [DATE] at 7:04 p.m., RN-B stated I would look in the hard chart for the POLST and the code status would also be in the computer. RN-B stated the hard chart should match the EMR, but sometimes the EMR was not updated. During interview on [DATE] at 7:39 p.m., RN-A stated R198 was a DNR/DNI according to the POLST located in R198's hard chart. RN-A then looked in R198's EMR and verified R198's face sheet indicated R198 was full code. RN-A stated if a nurse were to look in the computer first, they would think R198 wanted full resuscitation which was against her wishes. During interview on [DATE] at 7:49 p.m., RN-C stated the EMR should match the POLST which should reflect the resident's wishes. RN-C stated if the EMR indicated a resident was full code and the POLST indicated DNR, it could be possible the resident would receive resuscitation efforts when they really wanted DNR. During interview on [DATE] at 11:03 a.m., RN-D stated upon admission the nurse would complete an assessment on the resident which included current code status. RN-D stated part of the assessment was to determine what the hospital had documented as code status which would be their admission code status and determine if that was still accurate. The admission assessment worksheet in the EMR would indicate a warning in red when the resident's current code status wish did not match the admission order code status. The warning instructed the nurse to contact the provider immediately to update the order to match the resident's wishes. RN-D stated it was important to have the POLST and EMR to match and also to reflect the resident's current code status wishes. During interview on [DATE] at 1:01 p.m., director of nursing (DON) stated expectation for admission nurse to complete a new POLST on every resident and confirm the EMR accurately reflected the POLST which would reflect the resident's accurate code status wishes. DON stated expectation for the code status to be updated timely and be accurate throughout the resident's EMR and hard chart. 44647 R147 R147's face sheet printed [DATE], indicated R147 was recently admitted and required care after back surgery. R147's face sheet indicated R147 was full code. R147's POLST dated [DATE], indicated R147 was DNR with selective treatments. R147's admission assessment dated [DATE], indicated R147 was alert and orientated. R147's admission assessment further indicated R147's hospital orders indicated DNR/DNI, the code status on the admission POLST was DNR/DNI and the code status matched the code status on the admission POLST. R147's provider order dated [DATE], indicated R147 was a full code. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R147's care plan initiated [DATE], indicated R147 had completed a POLST and was full code. Staff were directed to see orders for current resuscitation order. When interviewed on [DATE] at 5:43 p.m., R147 verified they did not want resuscitation or intubation if they became pulseless or had trouble breathing. R147 would let their family determine any other non-invasive treatments. When interviewed on [DATE] at 6:40 p.m., RN-H stated a resident's code status would be determined by looking in the computer chart or the POLST in the hard chart and would go to whatever was closest. RN-H verified R147's POLST indicated DNR while the provider order in the EMR stated full code. RN-H stated the provider would need to be contacted to clarify which one was correct. However, if RN-H would go with the signed POLST and follow DNR. Facility policy Residents' Rights Regarding Treatment and Advance Directives dated [DATE], indicated the facility would support and facilitate the resident's wishes to request, refuse and/or discontinue medical or surgical treatment and to formulate an advance directive. Facility policy Communication of Code Status dated [DATE], indicated a resident had the right to formulate advance directives and the facility would have processes in place to communicate a resident's code status to all who need to know. The policy indicated identification of a resident's wishes to include full code, DNR, DNI (do not intubate), and do not hospitalize would be clearly documented in designated sections of the medical record. The nurse who notates the physician order is responsible for documenting the directions in all relevant sections of the medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42586 Based on interview and document review the facility failed to ensure bowel monitoring for 1 of 1 resident (R33) reviewed for constipation. Findings include: R33's modification of quarterly Minimum Data Set (MDS) dated [DATE], indicated moderately impaired cognition and diagnoses of chronic diastolic (congestive) heart failure, benign prostatic hyperplasia with lower urinary tract symtoms, and encounter for palliative care. It further indicated R33 required staff assistance with most activities of daily living (ADL), mobility, had a catheter, and was always continent of bowel. During interview on 3/17/25 at 2:25 p.m. family member (FM)-B stated the facility didn't monitor R33's bowel movements very well. R33's documentation (under the tasks tab) titled bowel movements (BM), for the month of March 2025, indicated R33 did not have a BM from 3/5/25-3/7/25 and from 3/15/25-3/17/25. R33's standing orders dated 2/18/25, indicated the following steps in montioring for constipation: 1. Consider rectal check to determine if impaction is present 2. Encourage 2,000 millilieters (ml) daily fluid intake unless contraindicated 3. Consult nutrition services for dietary recommendations. 4. Give Sennoside 8.6 milligrams (mg) 2 tablets by mouth daily as needed (PRN) for up to 3 days, if no BM by day 3 offer/give Biscodyl suppository 10 mg: rectally once daily as needed for up to 2 days. 5. Reattempt Senna or Biscodyl if no results after 24 hours and notify provider. R33's last bowel and bladder assessment was completed on 12/13/24. R33's physician's orders lacked an order for a PRN medication related to constipation. R33's progress notes for the month of March 2025 lacked documentation of bowel monitoring including a bowel assessment, administration of PRN's, or notification of the provider and/or hospice. R33's medication and treatment administration records (MAR/TAR) for the month of March 2025, lacked documentation of bowel movements (BM) or that PRN medications had been administered in regards to constipation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 3/19/25 at 10:30 a.m., nursing assistant (NA)-A stated the nursing assistants were responsible for documenting each bowel movement and the nurses were responsible for checking the charting every 3 days to make sure the resident had a BM. NA-A further stated NA's should let the nurses know if there was something abnormal reagrding the BM but not necessarily every time the resident had one. During interview on 3/19/25 at 10:55 a.m., NA-B stated the NA's were responsible for documenting if a resident had a BM and (each time they had one) and the nurses were able to see their charting. The NA's don't necessarily let the nurses know each time the resident had a BM unless there was a problem. During interview on 3/19/24 at 11:04 a.m., licensed practical nurse (LPN)-A stated if a resident didn't have specific orders for bowel monitoring, then they should follow the standing orders. They should start following the standard orders on the 3rd day of the resident not having a BM. LPN-A verified R33 had not had a BM from 3/5/25-3/8/25 and from 3/15/25-3/17/25 and the standing order protocol should have been started on the 3rd day of no BM. During interview on 3/20/25 at 8:45 a.m., LPN-B stated if a resident doesn't have specific orders for bowel monitoring then they were expected to follow the standing orders for constipation which would start on day 3 of no BM. During interview on 3/20/25 at 8:49 a.m., the clinical coordinator stated standing orders are built into the system through the electronic medication administration record (e-mar), unless the resident had their own specific orders and there would be a little red alert letting the nurses know the resident had a BM in 3 days. The NA's were responsible for documenting BM's under the tasks in point of care (computer system for NA documentation) and they were also responsible for letting the nurse know if a resident had a BM. The nurses were responsible for checking the charting, and starting the steps on the standing orders protocol on day 3 of a resident not having a BM. The clinical coordinator verified R33 did not have an order for a PRN medication related to constipation and there wasn't any documentation that the provider or Hospice had been notified. It was Important to keep track of BM's because the resident may develop a bowel obstruction, perforated bowl, rectal tears, and pain. She further verified R33 did not have a BM from 3/5/25-3/7/25 and from 3/15/25-3/17/25. During interview on 3/20/25 at 10:09, the director of nursing (DON) stated his expectation regarding bowel monitoring was the standing orders protocol should be followed (for residents who do not have specific orders for monitoring BM's) starting on day 2 or 3 of the resident not having one. This was important for comfort and ensuring the resident wasn't impacted. The facility's policy regarding Bowel Assessment and Management dated October of 2022, indicated bowel management protocol will be implemented by nursing staff if resident is identified as needing interventions for constipation. A. Bowel Management Tracking tool is reviewed by all shifts. B. Day shift evaluates bowel function that may include -Abdominal Assessment/Evaluation (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Implement non-pharmaceutical interventions (prunes, prune juice, exercise, increase fluids) -Administer pharmaceutical intervention, medical doctor (MD) order would supersede policy. -follow current House Standing Orders C. Diarrhea (Loose Stools) -Follow current House Standing Orders

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44647 Based on observation, interview and record review the facility failed to ensure recommendations were followed to minimize risk of aspiration for 1 of 1 residents reviewed for nutrition. Findings include: R23's admission Minimum Data Set (MDS) dated [DATE], indicated R23 had mild cognitive impairment and diagnoses of Parkinson's disease (illness that effects the nervous system) and dysphagia (trouble swallowing). R23 required set up for meals and had coughing or choking during meals or when swallowing medications. R23's speech therapy (ST) assessment dated [DATE], indicated ST recommended R23 to have a soft diet with bite sized food, thin liquids with no straw use. R23's provider order dated 3/3/25, indicated R23 required a soft diet with bite sized food and thin liquids. R23's orders lacked indication R23 should not use a straw. R23's Kardex printed on 3/17/25, lacked indication R23 should not use a straw. R23's care plan revised 3/3/25, indicated R23 was at risk for nutritional and hydration deficit related to Parkinson's Disease and dysphagia. Interventions directed staff to set up meals and ensure modified diet and thin liquids were provided. R23's care plan lacked indication R23 should not use straws. During an observation on 3/17/25 at 12:35 p.m., R23 was seated at the bedside with her lunch tray in front of her. R23 had a large pink water mug with a straw in place. There was also a carton of boost on the bedside table with a straw. On R23's wall was a sign indicating R23 required a soft diet with bite sized pieces, thin liquids and no straw. R23 stated they likes the straws and it was ok to drink without them. When interviewed on 3/17/25 at 12:40 p.m., family member (FM-A) stated R23 had trouble swallowing pills and sometimes coughed after drinking and eating. FM-A stated the staff feel she had a problem swallowing and placed on the soft diet with no straws and R23 had a swallow study scheduled for next week. FM-A further stated R23 had been drinking with the straws today and seemed ok and verified the water and boost were on the bedside table when they arrived. An observation on 3/17/25 at 5:16 p.m., R23 was seated in their wheelchair with dinner on the bedside table. On the bedside table was a large pink mug with water and a straw. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation on 3/19/25 at 8:24 a.m., R23 was in bed sleeping. Upon the bedside table was a container of boost with a straw in place. At 8:42 a.m., the Social Service Director (SSD) brought in R23 breakfast tray. SSD verified the empty boost container with a straw and stated yesterday, R23 refused to have straws taken away when found in her room. When interviewed on 3/19/25 at 8:51 a.m., registered nurse (RN)-E stated R23 initially had problems with choking when taking pills and swallowing and wasn't aware of any issues with swallowing lately. RN-E further stated for a time, R23 was not supposed to use straws, however since there were not any issues, R23 could use them. RN-E stated recommendations from ST would be found in the care plan. When interviewed on 3/19/25 at 2:03 p.m., RN-C stated ST would place an assessment and recommendations into the electronic medical record (EMR). The ST placed any diet orders, and nursing would update the care plan. RN-C knew about the change and was not sure how updating the care plan was missed. RN-C stated staff should document if R23 had refused straws to be removed and was aware of R23 refusing to have them removed the day prior. however, RN-C verified there was no other documentation indicating R23 refused to have the straws removed. When interviewed on 3/20/25 at 10:56 a.m., ST stated any recommendations were completed as assessment notes on the EMR. ST further stated if residents were ok with signs in their rooms, those were placed as reminders as well. ST stated R23 was having a formal swallow study next week and could not say if they were at risk for aspiration however when initially assessed R23 was consistently coughing and therefore the diet changed, and direction given for no straw use. ST had been notified on 3/18/25, R23 had refused straws to be taken from her drinks. ST worked with R23 and had R23 drink with a straw and R23 started coughing immediately after. ST re-educated R23 and R23 was agreeable to have the straws removed. ST further stated R23 had cognition impairments and required frequent reminders and education. A new assessment had not been completed as ST did not have any new recommendations. When interviewed on 3/20/25 at 11:08 a.m., the Director of Nursing (DON) expected recommendations to be communicated on the care plan and for staff to be following the recommendations. DON further stated if residents refused the recommendations, staff should document and inform ST. ST would complete the re-education and document risk/benefits. A facility policy titled Care Plan Revisions Upon Status Changes revised 10/2023, directed staff to review and revise the comprehensive care plan with resident change. Staff who work directly with the resident will report the resident response to the new interventions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44647 Based on observation, interview and document review the facility failed to ensure meal choices were provided as ordered for 1 of 2 (R147) residents reviewed for choices. Findings include: R147's face sheet printed 3/19/25, indicated R147 was recently admitted and required care after back surgery. R147's admission assessment dated [DATE], indicated R147 was alert and orientated and had a spinal fusion. R147's provider order dated 3/9/25, indicated R147 required a regular diet with thin liquids. R147's care plan initiated 3/10/25, indicated R147 had a nutrition/hydration risk related to spinal fusion and irritable bowel syndrome (condition that can cause bloating, constipation or diahhrea and can be managed by diet). Interventions included to follow diet as ordered. A facility document titled Always Available Menu no date, indicated seasonal fresh fruit was always available as a side. R147's meal ticket dated 3/18/25, indicated R147 had ordered a plain hamburger, ketchup and fresh fruit for lunch. R147's meal ticket also indicated R147 had intolerances to lactose, garlic, onion and peppers. R147 also avoids whole wheat. When interviewed on 3/17/25 at 11:49 a.m., R147 stated she had IBS and many foods bothered her stomach. R147 was frustrated as sometimes what was ordered was forgotten and a few times the meal was completely different than what was ordered. R147 thought it may be someone else's food. R147 stated her family brought in some if all else fails food to make sure she had enough options. At 11:50 a.m., dietary aide (DA)-A entered to obtain orders for tomorrow's meals. For lunch, R147 ordered a plain burger with no toppings, ketchup and fresh fruit. An observation on 3/18/25 at 11:49 a.m., R147 was sitting in a chair with their tray table in front of them. R147 had a plain hamburger with ketchup for lunch. R147 did not have fresh fruit. R147 acknowledged she had not received any fruit. At 12:44 p.m., registered nurse (RN)-C verified there was no fresh fruit delivered to R147. When interviewed on 3/18/25 at 12:47 p.m., dietary aide (DA)-B stated a resident's meal was checked three times for accuracy. Once when being plated in the kitchen, once before bringing into the room, and once when setting it up with the resident. DA-B had not recalled anything missing for resident's trays served and stated there were lots of trays to deliver. DA-B further stated if someone had ordered fresh fruit, there may not have been any left. DA-B stated fruit was cut by one person in the mornings and that was on the breakfast menu this morning and sometimes it gets used up. DA-B stated it doesn't happen often, but has occurred. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	When interviewed on 3/19/25 at 12:18 p.m., the Dietary Director (DD) stated fresh fruit was always available and stated there was not a shortage yesterday. DD further stated the process was not perfect, and sometimes items may be missed. A facility policy titled Resident Rights dated 10/2022, directed staff to ensure the residents right to make choices about aspects of their care that are significant to the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 44647 Based on observation, interview and record review the facility failed to ensure facial hair was covered when plating food for delivery and failed to ensure dishwasher temperatures were maintained at required temperatures needed for proper sanitization. Furthermore, the facility failed to ensure refrigerated items were removed after expiration from 1 of 2 unit kitchens reviewed. This had the potential to impact all residents who reside in the facility. Findings include: Facial hair An observation on 3/19/25 at 11:45 a.m., cook-A and cook-B were observed in the main kitchen plating food onto plates for delivery. Cook-A and cook-B both had facial hair and with no beard covers. Cook-A and cook-B both placed food items from the steam table and the grill onto plates before placing them under a heat lamp for other dietary staff to put on trays for delivery. When interviewed on 3/19/25 at 12:03 p.m., cook-A and cook-B verified they did not have beard guards in place. Cook-A stated they were worn only when they were told by leadership to wear them. Cook-B stated he thought the facility did not have any available right now. Unit kitchen An observation on 3/18/25 at 2:41 p.m., the second-floor unit kitchen was reviewed. There were two refrigerators containing snacks and nutritional supplements. Both fridges contained 5 individual containers of Vital Cuisine vanilla mildly thick supplements. The best before date was 12/17/24 for all of them. At 3:21 p.m. , registered nurse verified the supplements and threw them away. Dishwasher A facility document titled Dish machine Temperature Record (high temperature machine) dated 3/2025, indicated temperatures were taken with each meal. The document directed staff to stop using the machine if the final rinse temperature was less than 180 degrees Fahrenheit (F). 36 out of 58 opportunities (62%) of the recorded rinse temperatures were 180 degrees F or above. An observation on 3/19/25 at 1:38 p.m., dietary aide (DA)-C was observed starting dishes on the 1st floor unit kitchen. The dishwasher was Ecolab dishwasher and DA-C verified it used hot water to sanitize the dishes. A rack of plates was placed in the dishwasher and the final rinse temperature reached 176 degrees F. DA-C took the rack out and proceeded to load another rack of plates and cups. The dishwasher final rinse was 179 degrees F. DA-C verified the temperatures and stated temperatures were tracked for each mealtime. DA-C was not sure what the temperatures needed to get to and stated the temperatures were just written down and then the dishes washed. DA-C reviewed the temperature log for 3/2025 and noted what the wash and rinse temperatures should be. DA-C verified there were shifts documented below 180 degrees F. for rinse tempratures. DA-C stated there had not been any communication with the Dietary Director (DD) about the temperatures documented for 3/19/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	When interviewed on 3/19/25 at 12:18 p.m., the DD stated kitchen staff were responsible for the snacks and juices on the unit kitchens. Nursing staff ordered the supplements and were responsible to ensure they were stored properly and not outdated. DD further stated beard guards had not been required before but understood food should be protected. In a follow up interview on 3/20/25 at 10:16 a.m., the DD stated they were not of the dishwasher running below normal temperatures. DD felt it was education needed with staff and the dishwasher on the 1st floor was only ran a few times a day and wasn't ran enough to get to the temperatures. DD expected staff to notify him to troubleshoot or call Ecolab. A facility policy titled Ware washing dated 11/3/2023, directed staff to turn on the machine and fill water at the start of the shift and to run the machine and record the temperatures. For a high temperature machine, the wash cycle should be 150-165 degrees F and the rinse cycle 180 degrees F. A facility policy titled Food Storage dated 11/3/22, directed staff to ensure safe food storage to prevent contamination and the spread of illness.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44647 Based on interview and document review the facility failed to ensure monitoring was in place for 1 of 1 resident (R9) reviewed who had an urinary tract infection (UTI). Finding include: R9's admission Minimum Data Set (MDS) dated [DATE], indicated R9 was cognitively intact and had diagnoses of lung failure. R9 was occasionally incontinent of bowel and bladder. R9's provider progress note dated 3/4/25, indicated R9 was having urine frequency, and a UA/UC would be checked. R9's laboratory result report dated 3/5/25, indicated R9's urinary analysis/urinary culture (UA/UC) was positive and indicated R9 had a UTI. R9's provider order dated 3/6/25, indicated R9 required 1gram (gm) ceftriaxone (antibiotic) intermuscular injection once for UTI. R9's orders lacked indication R9 was monitored during symptoms or for the effectiveness of the antibiotic. R9's laboratory result report dated 3/16/25 indicated R9's UA/UC was positive and indicated R9 had a UTI. R9's provider progress note dated 3/17/25, indicated R9 was still having urine frequency and had completed antibiotics for UTI. Repeat UA/UC still showing infection and antibiotic was ordered again. R9's provider order dated 3/17/25, indicated R9 required 1gm ceftriaxone intermuscular injection once for UTI. R9's orders lacked indication R9 was monitored during symptoms or for the effectiveness of the antibiotic. A review of R9's nursing progress notes dated 3/5/25 through 3/19/25, lacked indication R9 was monitored for symptoms of UTI or effectiveness of the antibiotic. A facility document titled antibiotic tracking dated 3/2025, indicated R9 had received ceftriaxone on 3/5/25, for a UTI with symptoms of burning and urgency. The column titled symptoms resolved was blank. The document further indicated R9 had received ceftriaxone on 3/17/25, for UTI with the same symptoms of burning and urgency. When interviewed on 3/17/25 at 3:28 p.m., R9 stated had a UTI. R9 stated the provider ordered a second round of antibiotics but had not received any yet. R9 stated it hurts to urinate and she needed to go about every 30 minutes or so. When interviewed on 3/18/25 at 2:26 p.m., nursing assistant (NA)- C stated R9 was having to use the bathroom frequently for a while. NA-C further stated R9 had a UTI and did get antibiotics for treatment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245632	A. Building B. Wing	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Therese of Woodbury LLC	7555 Bailey Road Woodbury, MN 55129

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	When interviewed on 3/18/25 at 3:05 p.m., registered nurse (RN)-F stated when a resident had symptoms of an infection an assessment would be completed and the provider notified. If labs were ordered, make sure those were collected. RN-E stated there was usually an order to monitor for symptoms or an infection note was placed. RN-E verified R9 was treated twice for UTI and knows symptoms included feeling a need to urinate urgently. RN-E wasn't sure of symptoms with the current UTI. RN-E verified there was no documentation of R9's symptoms to determine the effectiveness of the antibiotics. When interviewed on 3/20/25 at 10:17 a.m., the infection preventionist (IP) stated R9 had complained of frequency to the provider and then the provider ordered the UA/UC. IP expected floor nurses to be monitoring and documenting symptoms while on the antibiotic, even if it was a one time shot. IP further stated there were orders that should be placed to ensure monitoring of symptoms and temperature was completed. When interviewed on 3/20/25 at 11:18 a.m., the Director of Nursing (DON) expected staff to staff to be monitoring residents for probable or confirmed infections. DON stated there were batch orders that should have been placed to ensue the monitoring was occurring each shift. This was important to ensure residents improve or stabilize. A facility policy titled Antibiotic Stewardship revised 5/2023, directed nursing staff to assess residents who are suspected to have an infection and notify the provider and monitor response to antibiotics to determine if adjustments should be made.